OKLAHOMA WESTERN TELEPHONE COMPANY DBA OKLAHOMA WESTERN CELLULAR 103 EAST CHOCTAW STREET CLAYTON, OKLAHOMA 74536

June 27, 2014

Pauline Van Horn
President
Oklahoma Western Telephone Company
dba Oklahoma Western Cellular
103 East Choctaw Street
Clayton, OK 74536
(918)569-4111

Mariene H. Dortch Secretary Federal Communications Commission 445 12th Street, SW Washington, D.C. 20554

RE: REQUEST FOR CONFIDENTIAL TREATMENT:

Connect America Fund; High Cost Universal Service Support IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION

Dear Ms. Dortch:

Please find attached with this letter a request for confidential treatment for portions of information submitted with our company Form 481 along with four copies. Contemporaneously, we are filling a copy of the redacted Form 481, with redacted attachments, via ECFS. This information has also been filed with our state commission and electronically submitted, and certified, with the Universal Service Administration Company. If you have any questions or concerns with the attachments, please contact Charles Curtis at Charles.curtis@contaegis.com or by phone at 252-514-2203.

Sincerely

Pauline Van Horn

Cc: file

Before the FEDERAL COMMUNICATIONS COMMISSION Washington, D.C. 20554

| in the Matter of | } | |
|-------------------------------------|---|----------------------|
| Connect America Fund |) | WC Docket No. 10-90 |
| | } | WC Docket No. 07-135 |
| High-Cost Universal Service Support | } | WC Docket No. 12-42 |
| |) | WC Docket No. 05-337 |
| Lifeline and Link Up Reform |) | WC Docket No. 03-109 |
| |) | CC Docket No. 01-92 |
| |) | CC Docket No. 95-45 |
| |) | GN Docket No. 09-51 |
| |) | WT Docket No. 10-208 |

REQUEST FOR CONFIDENTIAL TREATMENT

Oklahoma Western Telephone Company, dba Oklahoma Western Cellular ("Filer") requests that the portions of its Form 481 pertaining to its Tribal Land Offerings documentation and its Broadband Company Price Offerings be granted confidential, non-public treatment pursuant to Sections 0.457 and 0.459 of the Commission's rules, 47 C.F.R. Sections 0.457, 0.459, and related provisions of the Freedom of Information Act ("FOIA"), including 5 U.S.C. Section 552(b)(4) ("Exemption 4"). Form 481 contains Information regarding the Filer's strategic service offerings with Tribal Governments as well as sensitive retail pricing Information. Release of such information would supply its competition sensitive commercial information that would undermine its ability to serve its customers effectively. Such information is not customarily disclosed to the public or made available within the telecommunications industry. Therefore, the Filer requests confidentiality of these respective portions of its Form 481 filing be granted. Support for the Filer's request for confidential treatment pursuant to FCC rules in Section 0.459(b) is provided as follows:

I. FILER'S FORM 481 SATISFY THE REQUIREMENTS OF SECTION 0.459 OF THE COMMISSION'S RIHES

The material the Filer seeks confidentiality qualifies for the requirements outlined in Section 0.459 if the FCC's rules. As will be demonstrated, the Filer has satisfied all the elements of this section, concluding that disclosure of this information would be harmful to the Filer.

- (1) Identification of the specific information for which confidential treatment is sought. The Filer requests confidential treatment for the portions of the Form 481 required by 47 C.F.R. Section 54.313(a)(2) and (4). The Form bears the legend "CONFIDENTIAL INFORMATION SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NO.'S 10-90, 07-135, 05-337, 03-109, CC DOCKETS 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, 8EFORE THE FEDERAL COMMUNICATION COMMISSION." The specific information considered confidential include: 1) Tribal Land Offerings documentation (900) and 2) Company Price Offerings Broadband (710).
- (2) Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission. The information is

- required to be produced annually in accordance with 47 C.F.R. Section 54.313(a). The proceedings are WC Docket No. 10-90 and WC Docket No. 11-42.
- (3) Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged. The information requested for confidential treatment is information not customarily released to the public. Release of this information would have the effect of substantial harm to the competitive position of the Filer.
- (4) Explanation of the degree to which the information concerns a service that is subject to competition. All of the services provided by the Filer are subject to competition.
- (5) Explanation of how disclosure of the information could result in substantial competitive harm. Competitive entities in the Filer's area would have access to sensitive retail price offerings that would hamper the Filer's ability to effectively compete.
- (6) Identification of any measures taken by the submitting party to prevent unauthorized disclosure. The information filed is not customarily released to the public or publically made available within the telecommunications industry. The information is also only released within internal circulation, including its attorneys, consultants and engineers, held to confidentiality agreements. The request as well as the associated documents subject to it, are filed both paper copy as well as electronically.
- (7) Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties. None of the information requesting confidential treatment is available to the public and have not been disclosed to parties unless those parties are engaged to perform services for the Filer, under nondisclosure.
- (8) Justification of the period during which the submitting party asserts that material should not be available for public disclosure. Due to the fact that the nature of the information being filed is sensitive in terms of competitive concerns, the Filer requests that confidential treatment be granted indefinitely.

II. CONCLUSION

For these reasons, pursuant to Sections 0.457 and 0.459 of the Commission's rules, the Filer requests that the portions of Form 481 relating to those particular items listed in 1.1, above, be treated as confidential under the Commission's rules and precedent and withheld from public inspection and that any distribution of them within the Commission should be limited, in accordance with the reasons stated for confidential request. In the case where any person, party or entity wishes to access any of this information, the Filer requests immediate notification so it can have the opportunity to oppose the request or consider any other action it deems necessary to protect both its network, strategic and financial interests and the interest of the customers it continues to serve.

Respectfully Submitted,

Pauline Van Horn

President

Okiahoma Western Telephone

Company

dba Oklahoma Western Cellular

103 East Choctaw Street

Clayton, OK 74536

(918)569-4111

June 27, 2014

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| <020> | Program Year | 2015 | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Strolanic Curtis | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 2525142203 cb/ . | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | stuphanic@untaegia.nsn | |
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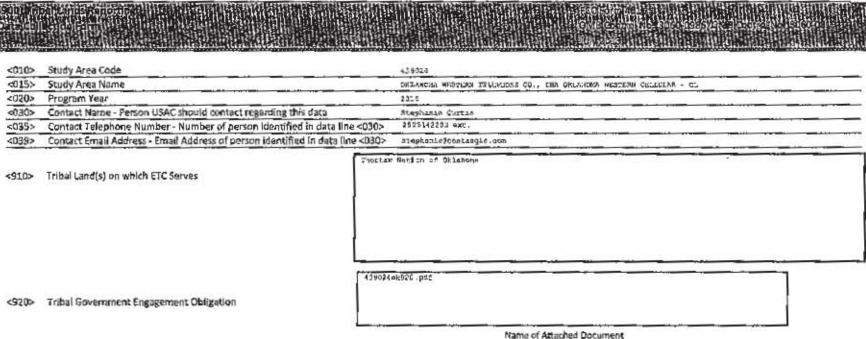
| 3.1 | ervice Quality improvement Reporting Sliection Form | FCC Form 481 OMB Control No. 8060-0886/0M8 Control No. 3060-0819 July 2013 |
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| <010> | Study Area Code | 939024 |
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| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Atephanie Curtia |
| <035× | Contact Telephone Number - Number of person Identified In data line <030> | 2525143200 est. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | atophanio3ccnteegia.com |
| <110> | Has your company received its ETC certification from the FCC? | (yes/no) O • |
| <1115 | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | tyes/not O O |
| | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) *5 year plan* on file with the FCC, as it relates to your provision of voice telephony service. | |
| <112> | Attach Five-Year Service Quality improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § \$4.313(a)(1). If your of CETC which only receives frozen support, your progress report is only | ompany is a |
| | regulared to address voice telephony service. | |
| | Please check these boxes below to confirm that the attached documents(s), an fir 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. | Name of Attached Document |
| <113> | Maps detailing progress towards meeting plan targets | |
| <114> | Report how much universal service (USF) support was received | |
| <115> | How (USF) was used to improve service quality | |
| <116> | How (USF)was used to improve service coverage | |
| | How (USF) was used to Improve service capacity | |
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| Sec. | Residential Local Service Rate | 1/1/2014 | | | 1 | 2015 | WORKEDIO . | 439024 |
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| | | | | | | See attached | | | HON KRIMME | | a Hostern Collular- | stephnologopatators.dem | 2523142290 ext. | Stophoria Curtie | 2015 | IN RETORA STORUTH | 133024 | |
| | | | | | | d worksheet | | SAC | THE THE THE | | -critic | *dew | | | | CAREANC COERA O | | VITAL STREET, |
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to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribai government pursuant to § 54.319(a)(9) includes: <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions, <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes. <928> Compliance with Cultural Preservation review processes <929> Compliance with Tribal Business and Licensing requirements.

If your company serves Tribal lands, please select (Yes, No. NA) for each these boxes



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| <015> | Study Area Name | | OKEANGHA MESTERN TELEPHONE CO., DON OKEANOMA MESTERN CREATER - CE |
| <020> | Program Year | | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | | Stophanie Gurtie |
| <035> | Contact Telephone Number - Number of person Identified in data li | ne <030> | 2522142203 exc. |
| <039> | Contact Email Address - Email Address of person identified in data is | ne <030> | otepachie@contacqis.com |
| <1120> | Please theck this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § \$4.313(G) | | |
| <1130> | Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(6) | | |

| <010> | Study Area Code | | 43/324 |
|-----------|--|----------------|---|
| <015> | Study Area Name | 1520 (197 - ca | CKLAKONA MERTERN VILLERKONG CD., DNA CKLAHOWA WESTRON CELLIDAN - CL |
| <020> | Program Year | | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | | Atestania Curtis |
| <035> | Contact Telephone Number - Number of person identified in data I | line <030> | |
| <039> | Contact Email Address - Email Address of person Identified in data | line <030> | staphariefrontzegie.com |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | | 43902(ck_210,pdf |
| <1220> | Link to Public Website | ı | Name of Attached Document |
| 12200 | LINK to Public Website | HITTP | |
| or the we | neck these boxes below to confirm that the attached document(s), on line bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers mureport: | | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | V | |
| <1222> | Details on the number of minutes provided as part of the plan, | V | |
| <1223> | Additional charges for toll calls, and rates for each such plan. | | |
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| 4015> | Study Area Name | 439024 |
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| <03D> | Contact Name - Person USAC should contact regarding this data | 2015 Staphunia Suriju |
| <0355 | Contact Telephone Number - Number of person centrified in data line <030> | 2525142193 ust. |
| <039> | Contact Email Address - Email Address of person is entitled in data line <030> | stephenia@contents.com |
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| CHECK 1 | | rica Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II |
| | support as set forth in 47 CFR § 54.913(b),(c),(d),(| (c) the information reported on this form and in the documents attached below is securate, |
| | | |
| | | |
| | Incremental Connect America Phase I reporting | The state of the s |
| <2010> | 2nd Year Certification (47 CFR § 54.323(b)/(3)) | <u>⊨</u> |
| <2011> | 3rd Year Certification (47 CFR § 54.313(b)(2)) | |
| | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) | |
| <2012> | 2013 Frozen Support Certification | |
| <2013> | 2014 Frozen Support Cartification | = 1 |
| <2014> | 2015 Frozen Support Certification | |
| <2015> | 2016 and future Frozen Support Certification | - |
| -Ela Vine | 4-20 Black and Classical Support Englished | <u> </u> |
| | Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) | |
| <2016> | Certification Support Used to Bulla Broadband | |
| | 17.1216.07344.73216.142.642.043.04.0644.0644.0441.03647.0 | ~ |
| | Connect America Phase II Reporting (47 CFR § 54.313(e)) | |
| <2017> | 3rd year 8readband Service Cartification | ⊨ |
| <201.8> | 5th year Broadband Service Certification | |
| <2019> | Interim Progress Certification | |
| <2020> | Please check the box to confirm that the attached document(s), on | line 2021, contains the required information |
| 2000 | pursuant to § 54.313 (e)(3)(li), as a reciplent of CAF Phase II support | t shall provide the number, names, and |
| | addresses of community anchor institutions to which began providi | ing access to broadband service in the |
| | preceding calendar year. | |
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| <2021> | Interim Progress Community Anchor (astitutions | 1 |
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| - | | Name of Attached Document Listing Required Information |
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ELS OWN BEHALF:

| i certify that I am an officer of the reporting carrier; my respired period and to the best of my knowledge, the information | onsibilities include ensuring the accuracy of the abusel reporting requirements for universal service support In reported on this form and in any attachments is accurate. |
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| <889> | Contact Email Address - Email Address of person identified in data line <030> | stephanicBeautaegis.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHAUF:

| Fortify that (Name of Agent) <u>Paul Line Van Jose</u> also certify that I am an officer of the reporting carrier; my res agent, and, to the best of my knowledge, the reports and data | ponsibilities include ensuring the accuracy of the ensual data rep | Nion reported on behalf of the reporting carrier. I ording requirements provided to the euthorized |
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

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|), as agent for the reporting corrier, twitify that I am arthorized to submit the annual reports for universal service support reci- the data reported havein based on data provided by the reporting carrier, and, to the best of my knowledge, the information of | [19] [18] [18] [18] [19] [19] [19] [19] [19] [19] [19] [19 |
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| Name of Authorized Agent of Employee of Agent: Paulana Van Worn | |
| Signature of Authorized Agent or Employee of Agent: CERTIVING CALLING | Date: 05/27/2016 |
| Printed name of Arithmized Agent or Empkryse of Agent: Paulina, Van Honn | |
| trile or position of Authorized Agent or Employee of Agent — Clast epocason | |
| Telephone number of Authoritied Agent or Employee of Agent: 93.55694131 ext. | |
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Attachments

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Oklahoma Western Telephone Company dba Oklahoma Western Cellular Study Area Code: 439024

Response to Line 510 - Service Quality Standards and Consumer Protection Rules

<u>Surpasses PUC minimum service quality standards</u> — Oklahoma Western Telephone Company dba Oklahoma Western Cellular ("Filer") hereby certifies that its voice service surpasses the minimum standards required by the Oklahoma Corporation Commission ("OCC") for eligible telecommunications carriers. Over the history of the Filer's provision of voice services to its customer, it has consistently exceeded those minimum standards.

<u>Publically available rates, terms and conditions</u> - The Filer's rates, terms and conditions for voice service are available through its retail offices and agents throughout its licensed service territory.

<u>Protection of consumer information</u> - The Filer complies with the Federal Communications Commission Consumer Proprietary Network Information ("CPNi") rules (47 C.F.R. Sections 64.2001-64.2011). The compliance is assured through certification for CPNi compliance by March 1 of each year, in addition to its own internal company procedures. The Filer also complies with all consumer protection rules applicable by State law.

Broadband service rates, quality service standards - The Filer offers broadband internet service to its customers through service plans made available through its retail offices and company agents throughout its licensed serving area. Speeds are based on a 'best effort' basis, due to the fact there are several aspects of the broadband network, outside of the Filer's control, that can effect throughput speeds. Therefore, although there are no current broadband service quality standards and consumer protection rules, the Filer discloses its rates, terms and conditions of service to its customers. Lastly, the Filer complies with applicable federal and state customer protection standards for all businesses in Oklahoma.

Oklahoma Western Telephone Company dba Oklahoma Western Celiular

Study Area Code: 439024

Response to Line 610 - Ability to Function in Emergency Situations for Voice and Broadband

Oklahoma Western Telephone Company dba Oklahoma Western Cellular ("Filer") certifies that it is able to function in emergency situations as set forth in both federal and state regulations.

<u>Power</u> - The Filer's network is designed to remain functional in emergency situations where no external power is available. In such cases, the Filer has eight hours of battery backup power for each of its wire centers and field electronics locations. Each wire center is also equipped with backup power generators and automatic transfer switches. In addition, the Filer has access to mobile backup generators in case of backup power failure.¹

Routing and Spikes — The Filer has alternate routes configured in each of its local switches to assure that when the primary routes are down, traffic is re-routed to alternate routes and facilities. In addition, the Filer has overflow routes where traffic spikes may compromise the primary route traffic flows.

<u>Procedures for voice and data</u> - The Filer has internal procedures for emergency situations which includes emergency operations planning. Such procedures and network infrastructure utilized for emergency situations is offered as such for both voice and broadband services.

¹ Section 54.202(a)(2)

OKLAHOMA WESTERN TELEPHONE COMPANY

P.O. Box 399 Clayton, OK 74536





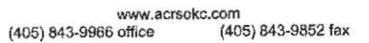


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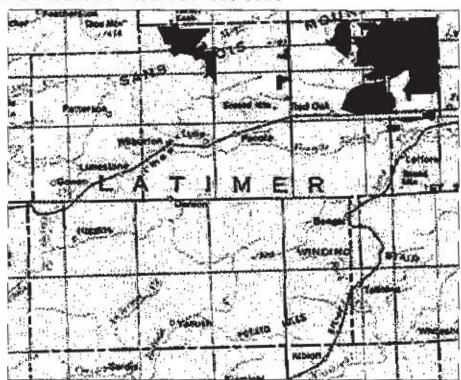


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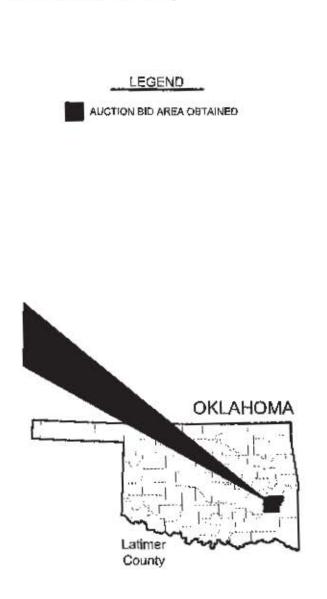


PHASE ONE MOBILITY FUND - FCC 901 AUCTION

FCC ITEM #: T40077087100-5590



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Oklahoma Western Telephone Company dba Oklahoma Western Celiular Study Area Code: 439024

Response to Line 1020 - Voice Services Rate Comparability

The Wireline Competition Bureau has released its reasonably comparable voice benchmark rate including local residential rate, interstate end user common line charge, any applicable state end user common line charges, mandatory extended area service charges and state universal service charges. The Filer certifies that the combination of all applicable charges stated herein fall below the federal benchmark rate. The Filer discloses its rates, by exchange, in line 700 of the Form 481, demonstrating its rate levels compared to the federal benchmark.

SAC 439024

Oklahoma Western Telephone Company dba Oklahoma Western Cellular

| State | Exchange | SVC Rate | Local Usage | Toll Usage |
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OKLAHOMA WESTERN TELEPHONE COMPANY dba PHOENIX COMMUNICATIONS LIFELINE/LINKUP AMERICA ON TRIBAL LANDS PROGRAM AUTHORIZATION AND CERTIFICATION FORM

You are required to complete and sign this certification form in order to enroll you in Oklahoma Western Telephone Company's dba Phoenix Communications "Tribal" Lifeline and/or "Expanded" Link Up programs. Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline service is a non-transferable benefit, and a Lifeline subscriber is prohibited from transferring the Lifeline service to another, including another person eligible for Lifeline service. This authorization and certification is only for the purpose of enrolling you in these programs and will not be used for any other purpose.

A. YOU MUST MEET PROGRAM PARTICIPATION REQUIREMENTS OR HOUSEHOLD INCOME REQUIREMENTS

I hereby certify that I participate in at least one of the following programs (CHECK ALL THAT APPLY) OR my household income is at or less than 135% of the federal poverty level: Supplemental Nutrition Assistance Program (SNAP a/k/a Food Stamps) Temporary Assistance for Needy Families (TANF) Supplemental Security Income (SSI) Medical Assistance (Medicaid/SaonerCare) Vocational Rehabilitation (including aid to the hearing impaired) Oklahoma Sales Tax Relief National School Lunch Program (only applicant or customer who satisfies the income standard of the program for free meals) Federal Public Housing Low Income Energy Assistance Program My income is at or less than 135% of the federal poverty level. Customer has provided sufficient proof of income as set forth in 47 C.F.R. §54.400(f). There are individuals in my bousehold. Bureau of Indian Affairs General Assistance Temporary Assistance for Needy Families (TANF) Tribally-administered block grant programs; Head Start Programs (only applicant or customer who satisfies the income qualifying eligibility provision) Food Distribution Program on Indian Reservations ("FDPIR") B. YOU MUST READ AND INITIAL ALL STATEMENTS BELOW TO ACKNOWLEDGE YOU UNDERSTAND YOUR OBLIGATIONS I certify that my residential telephone service address listed on the front of this form is my permanent/temporary (circle one) residential service address, and to the best of my knowledge this residential service address is located on former tribal land/reservation (as defined in title 25- Code of Federal Regulation, section 20.1, paragraph (v)). I certify that if the residential telephone service address listed on the front of this form is a temporary one, upon request by the Company approximately every 90 days, I will recentify that I still live at that address. I understand that if I do not respond to the Company's verification request within 30 days I may be de-carolled and will lose my benefits under the Lifeline program. I certify that if in the future, I no longer live at the residential telephone service address listed on the front of this form, I will notify the Company within 30 days after moving. I certify that I will notify the Company within 30 days if: 1) I no longer participate in at least one of the programs listed on the front of this form; or 2) if I am receiving mure than one Lifeline-supported service; or if I for any reason no longer satisfy the criteria for receiving Lifeline support. I certify that the telephone service which I am requesting receipt of Lifeline and/or Linkup programs for is listed in my name. I certify that I have provided documentation of eligibility, if required to do so and that such documentation was returned to me. I certify that my household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeling service. My household is defined as any individual or group of individuals who live together at the same address and share income

| and expenses. |
|--|
| Do you live at an address at which there are multiple households (for example, a nursing home or group home)? |
| Yes (If yes, you must complete a supplemental form to determine your eligibility.) No |
| I certify that I understand that Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-caroliment or being barred from the program. |
| I certify that I understand that Lifeline service is a non-transferable benefit, and a Lifeline subscriber is prohibited from transferring the Lifeline service to another, including another person eligible for Lifeline service. |
| I authorize my provider to transmit to the authorized Governmental entity or its designee handling the Lifeline Accountability Database my full name, my full residential address, my date of birth, and the last four digits of my Social Security Number, the telephone number to be associated with Lifeline Program benefits, the date on which Lifeline service is began, the date on which Lifeline Program benefits end, the amount of support sought by the Conquenty and the means through which I qualify for Program benefits. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Program benefits. |
| C. CUSTOMER/APPLICANT INFORMATION |
| Print Applicant's Name |
| Applicant's Date of Birth |
| The last four digits of Applicant's Social Security Number or Tribal identification number if you do not have a SSN |
| Applicant's Telephone Service Address |
| (CANNOT be a post office box) |
| Phone Number for which Lifeline service is requested for () |
| Contact number during weekdays between 8 a.m. and 5 p.m. () |
| Signature of benefit recipient Date |
| For Company Use Only |
| Name of Employee Who Verified Eligibility: |
| Type of Documentation Reviewed: |

If the customer qualifies under the Federal Poverty Guidelines refer to the Federal Poverty Guideline Form.